

FORM 6
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED,
CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

Total Births by Occurrence: _____

Reporting Year: _____

Type of Screening Tests	(A) Receiving at least one Screen(1)		(B) No. Presumptive Positive Screens	(C) No. Confirmed Cases(2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria (Classical)						
Congenital Hypothyroidism (Primary)						
Galactosemia (Classical)						
Sickle Cell Disease						
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						

- (1) Use occurrent births as denominator.
- (2) Report only those from resident births.
- (3) Use number of confirmed cases as denominator.

**INSTRUCTIONS FOR THE COMPLETION OF FORM 6
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED,
CASES CONFIRMED, AND TREATED**

Title V citation: Section 506(a)(2)(B)(iii) requires each State to submit an annual report on its activities under Title V. Included in this requirement is the following (iii) "... information on such other indicators of maternal, infant, and child health care status as the Secretary may specify."

Instructions:

A glossary of terms applicable to this form is presented in Section 10.1 of this document.

Complete all required data cells. If an actual number is not available, make an estimate. Please explain all estimates in a footnote.

1. At the top of the form, on the lines "Total Births by Occurrence" and "Reporting Year" enter the total number of occurrent births for your State and the year for which the data applies. Please note that the "Total Births..." figure is related to the "Total infants < 1 year of age" row in Form 7, and the "TOTAL INFANTS IN STATE" row in section I of Form 8. While these figures are not expected to match, they should show a fairly close relationship to each other.
2. In column A, for all screening tests listed, enter the number and percentage of occurrent births that received one of the tests indicated. Percentage is to be based on occurrent births receiving one test out of the total listed at the top of the form.
3. In column B, enter the number of presumptive positive screens.
4. In column C, enter the number of confirmed cases discovered. Use only those from resident births.
5. In column D, enter the number and percent of those confirmed cases needing and receiving treatment. Use confirmed cases as the denominator.
6. Under "Other Screening" enter the specific names of any other screens not listed and then complete columns A through D. Other tests may include, but are not limited to: homocystinuria, biotinidase deficiency, and maple syrup urine disease. There is space available for up to 6 "Other" screens. If the State wishes to add more than six "Other" screens, they must be listed as footnotes.
7. Under "Screening Programs for Older Children and Women," enter the specific names of any screening tests specific to those populations and then complete columns A through D. Note that the % (percentage) portion of column A is not to be completed since the denominator of Total Births by Occurrence does not apply.

All States now require screening for at least 2 disorders, and the four most common tests are specifically noted on the form, with room to write in other tests. All tests which are done during the reporting year should be listed along with the numbers screened and followed.

Follow-up is based on State activity; therefore, use resident live births for confirmed cases. For those needing treatment use confirmed cases as the denominator. If the program continues to monitor older children or adults for any of these conditions, these should be reported in the row labeled Screening Programs for Older Children and Women.